

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PAYMENT VOUCHER AND EXTENSION APPLICATION**  
**FOR INTEREST AND DIVIDENDS TAX RETURN**

**IMPORTANT:** If you have paid 100% of the tax determined to be due by the original due date of the return you will be granted an automatic 7-month extension to file your New Hampshire Interest and Dividends Tax return **WITHOUT** filing this form or a copy of your Federal Extension.

If you meet this requirement, you may file your New Hampshire Interest & Dividends Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. Please note that an extension of time to file your return is not an extension of time to pay the tax.

**WHEN TO USE THIS FORM:**

If you need to make an additional payment in order to have paid 100% of the tax determined to be due by the original due date, then you must complete this form and submit with payment to be granted an extension of time to file your New Hampshire Interest and Dividends Tax return.

**WHEN TO FILE:** This form must be postmarked on or before the original due date of the return.

★ **REASONS FOR DENIAL:** Applications for extensions will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked after the due date for filing the return, or if the payment for the balance due shown on line 3 below did not accompany this application.

**WHERE TO FILE:** NH DEPT REVENUE ADMINISTRATION, Document Processing, PO Box 2072, Concord, NH 03302-2072.

**NEED HELP:** Call the Taxpayer Assistance Office, at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**Application for 7-Month Extension of Time to File**

PLEASE  
PRINT  
OR  
TYPE

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
NUMBER AND STREET		_____ - _____ - _____
		FEDERAL IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
CITY OR TOWN, STATE, AND ZIP CODE		_____ - _____

For CALENDAR year **1997** or other tax year beginning \_\_\_\_\_ ending \_\_\_\_\_  
 Mo Day Year Mo Day Year

★ **ENTITY TYPE** — Check one: ☐ Individual/Joint ☐ Partnership ☐ Fiduciary  
 ① ③ ④

★ **TAX PAYMENT SCHEDULE**

1 Enter 100% of the tax determined to be due.....	1	
2 LESS: Credits and payments of estimated tax.....	2	
3 BALANCE DUE: Make check payable to: <b>State of New Hampshire</b> .....	3	

**Enclose, but do not staple or tape, your payment with this extension. (If negative or zero you are not required to file this extension application.)**

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

MAIL  
TO:

NH DEPT REVENUE ADMINISTRATION  
 DOCUMENT PROCESSING DIVISION  
 PO BOX 2072  
 CONCORD, NH 03302-2072

## COMMON TAXPAYER ERRORS

The following is a list of the most common mistakes made by taxpayers when filing a return for the NH Interest and Dividends Tax. These, along with other errors, may cause the return to be considered an "incomplete return" which may result in the assessment of interest and penalties. To ensure that you have filed a complete return, carefully follow the general and line-by-line instructions and be sure you have done the following:

### HAVE YOU SIGNED AND DATED THE RETURN?

**IF THIS IS A JOINT RETURN, HAS YOUR SPOUSE INCLUDED THEIR SOCIAL SECURITY NUMBER, SIGNED AND DATED THE RETURN?**

**IF THERE IS A BALANCE DUE OF \$1.00 OR GREATER, HAVE YOU ENCLOSED A CHECK FOR THE TOTAL AMOUNT DUE?**

**DID YOU MAKE THE CHECK PAYABLE TO THE STATE OF NEW HAMPSHIRE?**

**ARE THE WRITTEN AND NUMERIC AMOUNTS ON THE CHECK FOR THE SAME AMOUNT?**

**HAVE YOU SIGNED AND DATED THE CHECK?**

If you have any questions regarding the Interest and Dividends Tax return, please call the Taxpayer Assistance Office at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

## GENERAL INSTRUCTIONS

### WHO MUST FILE A RETURN

**INDIVIDUALS:** Individuals who are residents or inhabitants of the state for any part of the tax year must file providing they received more than \$2,400 of taxable interest and/or dividend income for a single individual or \$4,800 of such income for a married couple filing a joint New Hampshire return. (Part-year residents see below.)

To determine whether a return must be filed, you should complete either:

- (a) pages 1 and 2 of the return up to line 8, or
- (b) the following worksheet:

#### INCOME:

1(a) Total interest income ..... 1(a) \_\_\_\_\_  
 1(b) Total dividend income ..... 1(b) \_\_\_\_\_  
 1(c) Total federal tax exempt interest income..... 1(c) \_\_\_\_\_  
 1(d) Total income received ..... 1(d) \_\_\_\_\_

#### DEDUCTIONS:

2(a) Interest from direct U.S. Obligations ..... 2(a) \_\_\_\_\_  
 2(b) Other non-taxable interest or dividend income (see Quick Checklist) ..... 2(b) \_\_\_\_\_  
 2(c) Total deductions..... 2(c) \_\_\_\_\_

#### EXEMPTIONS:

3 \$2,400 if single, \$4,800 if married..... 3 \_\_\_\_\_  
 (Part-year residents are entitled to full exemption)  
 For purposes of this worksheet, the elderly and disabled exemptions do not apply to the calculation.

#### TAXABLE INCOME:

4 Subtract lines 2(c) and 3 from line 1(c) to arrive at taxable income..... 4 \_\_\_\_\_

If the amount on line 4 is \$0 or less you are not required to file an Interest and Dividends Tax Return. Please **ONLY** complete Step 1 of the return, check off "NOT REQUIRED TO FILE" (under line 8) and mail the form so that we may remove you from our mailing list.

### JOINT FILERS

**PARTNERSHIPS, ASSOCIATIONS, TRUSTS AND FIDUCIARIES:** Please see separate instructions on page (5).

To ensure your payments are credited to your account, the sequence of names and social security numbers must be consistent on all Interest and Dividends Tax estimates, extensions and returns.

### PART YEAR RESIDENCY

For New Hampshire Interest & Dividends Tax purposes, a "part year resident" is someone who has permanently established residency in New Hampshire during the year or who has permanently abandoned residency in New Hampshire during the year.

If you **established** residency after January 1, 1997, check the "Initial Return" box and enter the date of residency in Step 3. If you **abandoned** residency during the year, check the "Final Return" box and enter the date in Step 3.

**PART YEAR  
RESIDENT  
CONTINUED**

A temporary absence for any length of time does not change your state of residency. If you are unsure whether you are a resident of New Hampshire, please call the Taxpayer Assistance Office (603) 271-2186, Monday through Friday, 8:00 a.m. to 4:00 p.m.

Part-year residents are entitled to the full \$2,400 exemption (or \$4,800 for joint filers) and the full amount for the exemptions shown in step 5, line 9 of the return.

Part-year residents must file a return if, during the entire year, their taxable income was over \$2,400 (or over \$4,800 for joint filers). However, only the interest and dividends earned during that portion of the year for which they were a New Hampshire resident are taxable.

**WHEN  
TO FILE**

**Calendar Year:** If your return is based on a calendar year, it must be postmarked on or before April 15, 1998.

**Fiscal Year:** If your return is based on a tax year other than a calendar year, it must be postmarked on or before the 15th day of the fourth month following the end of your tax year.

**WHERE  
TO FILE**

MAIL NHDEPT REVENUE ADMINISTRATION  
TO: Document Processing Division  
PO Box 2072  
Concord, NH 03302-2072

**FAX DOCUMENTS ARE NOT ACCEPTED**

**NEED  
HELP  
OR FORMS**

Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 am to 4:00 pm. If you need additional forms, please call our forms line at (603) 271-2192.

Copies of forms are also available from many public libraries located throughout the state.

Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**EXTENSION  
TO  
FILE**

New Hampshire no longer requires taxpayers to file an application for an automatic **7-month extension** of time to file provided that the taxpayer has paid 100% of the Interest and Dividends Tax determined to be due by the original due date of the return.

If you need to make an additional payment, you must file a Form DP-59-A along with the payment. This application and payment must be postmarked on or before the due date of the return. **Failure to pay 100% of the tax due by the original due date may result in the assessment of penalties .**

**You are not required to attach a copy of your federal extension to your return.**

**CONFIDENTIAL  
INFORMATION**

Disclosure of your Social Security Account Number is mandatory under Department of Revenue Administration rules 221.02 and 906.03 (a)(1) and (c). This information will be verified with the Internal Revenue Service and is confidential in accordance with New Hampshire Revised Statute Annotated 21-J:14.

Tax information which is disclosed to the New Hampshire Department of Revenue Administration, either on returns or through Department investigation, is held in strict confidence by law. The Department of Revenue Administration, the United States Internal Revenue Service and other states have agreements under which tax information is exchanged. This is to verify the accuracy and consistency of information reported on federal, state and New Hampshire tax returns.

**AMENDED  
RETURNS**

If you discover an error was made on your return after it has been filed, an amended New Hampshire return should be promptly filed by completing a corrected Form DP-10 and by checking the "AMENDED" box in Step 3 on the return. New Hampshire does not have a separate form for amended returns. Changes made by the IRS must be reported using a form RP-87A. Blank forms may be obtained by calling (603) 271-2192.

**ROUNDING  
OFF**

Money items on all Interest and Dividends Tax forms may be rounded off to the nearest whole dollar.

**LINE-BY-LINE INSTRUCTIONS**

**STEP 1**

If you have received a booklet of tax forms and instructions with a pre-addressed label, remove the label from the booklet cover and place it on the Form DP-10 in the space provided. If you did not receive a booklet with a pre-addressed label, type or print the name and address in the space provided. Individual/Joint returns must include social security number and, if applicable, spouse's social security number in the space provided. Social security numbers are required pursuant to the authority granted by 42 USC section 405. For partnership or fiduciary returns, enter the federal identification number in the space provided.

**STEP 2**

Entity type. You must check only one box. If a fiduciary or a partnership, enter the percentage of ownership by New Hampshire residents.

Forms mailing information: If you will not be at your New Hampshire mailing address when the forms are mailed on approximately January 2nd and if you would like forms mailed to a winter address, please check the box and provide the address. **This address will be used for form mailing purposes only .**

**STEP 3**

Check the appropriate box, if any, of the questions which apply to this return and enter the information requested.

**STEP 4**

Complete PAGE 2 of the return. See PAGE 2 Instructions.

**STEP 5**

To figure your net taxable income, complete lines 6 through 10. For Individual /Joint filers **ONLY**, if line 8 is zero, you are not required to file a return. Please check the box under line 8 and submit the return so that we can remove you from our mailing list. If your filing requirements change, please contact the Department of Revenue Administration.

**STEP 6**

Figure your Interest & Dividends Tax by multiplying line 10 by 5%. Enter the tax on line 11.

Calculate the tax due by subtracting your payments (line 12a through 12d) from the tax you calculated (line 11). Enter the remainder, balance of tax due on line 13.

Figure your penalties, if any, as follows:

- (a) Interest is calculated on the balance of tax due (line 13) from the original due date to the date paid at 11 % per year. (Interest due = tax due x number of days x .0003.)
- (b) A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when the tax is due.
- (c) The late filing penalty is 5% of the tax due (line 13) for each month or part thereof for which the return is filed beyond the due date. The total amount shall not exceed 25% of the tax due. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.
- (d) If line 11 is more than \$200 you may have been required to file estimated payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates or to determine if you qualified for an exemption from filing estimate payments, complete Form DP 2210/2220 which may be obtained by calling (603) 271-2192.

Enter the total of lines 14(a) through 14(d) on line 14.

Note: Taxpayers who substantially understate their tax on line 13 may be assessed a penalty by the Department in the amount of 25% of any underpayment of the tax resulting from such understatement. A substantial understatement is one which exceeds the greater of 10% of the amount of tax (line 13) or \$5,000

**STEP 7**

If your Interest & Dividends tax (line 11) plus interest and penalties (line 14) is greater than your payments (line 12), then enter on line 15 your balance of tax due. If less than \$1.00, do not pay **but still file the return**. Make check or money order payable to: State of New Hampshire. Payment must accompany the return; **HOWEVER, PLEASE ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT WITH THE RETURN.** To ensure your check is credited to your account, please put your social security or federal identification number on the check.

If your total tax (line 11) plus interest and penalties (line 14) is less than your payments (line 12), then you have overpaid. Enter the overpayment amount on line 16.

The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit on next year's return. Enter the desired credit on line 17(a). The remainder, which will be refunded, should be entered on line 17(b). If line 17(a) is not completed, the entire overpayment will be refunded. **Please allow up to 12 weeks for the Department to process the refund .**

You **MUST SIGN AND DATE** your return. If you are filing a joint return, both husband and wife must sign and date the return even if only one of you had income. If you paid a preparer to complete this return, then the preparer must also sign and date the return. The preparer must also provide their federal identification number and complete address.

**PAGE 2 INSTRUCTIONS****PRO-RATED  
INTEREST &  
DIVIDENDS**

Individuals filing as part-year residents must include only the amount of taxable income earned during the period of New Hampshire residency. For your convenience you may prorate interest and dividends earned during the year based on the number of days you were a New Hampshire resident, divided by 365, multiplied by the amount of the income. Indicate the non-taxable amount on line 4.

## INTEREST EARNED FROM NH AND VT BANKS IS TAXABLE

### LINE 1

**LINE 1(a) INTEREST INCOME:** Enter on line 1(a) **ALL** interest income. For individual and joint filers the amount to be reported on line 1(a) is from line 8(a) of IRS Form 1040 or 1040A. For partnerships and fiduciary filers, the amount to be reported on line 1(a) is the total of all interest income reported on Schedule K of your federal return. **NOTE:** All interest income which is not taxable to NH will be deducted on line 4.

**LINE 1(b) DIVIDEND INCOME:** Enter on line 1(b) **ALL** dividend income, including all capital gains and return of capital. Individuals required to file IRS Form 1040 Schedule B must enter here the amount shown on Schedule B, line 6. All others enter the amount from line 9 of IRS Form 1040 or 1040A. The dividend amount reported on line 1(b) must include the total long/short term capital gains portion and the total return of capital portion as these amounts will be deducted on line 4. Once you have received an amount equal to your cost or other basis, the amount received is taxable as a dividend even if the payer lists an amount as nontaxable. **NOTE:** All dividend income which is not taxable to NH will be deducted on line 4.

**LINE 1(c) FEDERALLY TAX-EXEMPT INTEREST INCOME:** Enter on line 1(c) the amount of **ALL** federally tax-exempt interest income. For individuals and joint filers, the amount reported on line 1(c) is from IRS Form 1040 or 1040A, line 8 (b). Unless specifically exempt by New Hampshire law, all federally tax-exempt interest income is taxable to New Hampshire. **NOTE:** All federal tax-exempt interest income that is not taxable to NH will be deducted on line 4.

### LINE 2

**OTHER INCOME SUBJECT TO THE NH INTEREST AND DIVIDENDS TAX:** The distributions you actually (or constructively) received from: ●S Corporations ●Partnerships ●Trusts ●Estates ●**MAY** be subject to tax and **MUST** be entered on line 2. **ALL NONTAXABLE INCOME WILL BE DEDUCTED ON LINE 4.**

In Line 2: Column A, enter the number which represents the type of entity of the payer. See the box below for ENTITY TYPE CODES. In column B, enter the name of the payer. In column C, enter the payer's identification number if known. In column D, enter the total amount of income (cash, property, etc.) received. The column D amount is the total amount you received or constructively received from the payer during the year and may not correspond to any line on your IRS Form or your IRS K-1 Form. **NOTE:** This is not a tax on pass-through losses or gains from a Form K-1. Therefore, do not add any pass-through losses or gains from Form K-1.

Entity Code	2	3	4	5
Entity Type	S Corporations Other Corporations	Partnerships	Trusts or Estates	Other

### LINE 3

Enter on line 3 the sum of lines 1(a), 1 (b), 1(c), and 2.

### LINE 4

**INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH:** In column A, enter the name of the payer. In column B, enter the reason the income is non-taxable (Refer to the Quick Checklist on page 6 of these instructions). In column C, enter the payer's identification number if known. In column D, enter the amount of income which is not taxable to NH. This amount **MUST** have been included in lines 1(a), 1(b), 1(c), or 2 in order to be listed here.

#### EXAMPLE

(A) NAME OF PAYER	(B) REASON NON-TAXABLE	(C) PAYER'S IDENTIFICATION NUMBER	(D) NON-TAXABLE AMOUNTS
<i>US Government</i>	<i>T-Bill interest</i>	<i>11-1111111</i>	<i>349 00</i>
<i>XYZ Corporation</i>	<i>Capital gain</i>	<i>02-9999999</i>	<i>422 00</i>
<i>State of NH</i>	<i>Municipal bonds interest</i>	<i>02-0000000</i>	<i>66 00</i>
<i>ABC Corporation</i>	<i>Return of Capital</i>	<i>(unkown)</i>	<i>10 00</i>
Total from any supplemental schedule attached			

4 Total Non-Taxable Amount.....4 **847 00**

★ IF YOU HAD PARTNERSHIP, TRUSTS, ESTATE, OR S-CORPORATION INCOME, SEE INSTRUCTIONS ON PAGE 5.★

★★★ REFER TO THE CHECKLIST ON PAGE 6 FOR EXAMPLES OF NONTAXABLE SOURCES OF INCOME★★★

### LINE 5

**GROSS TAXABLE INCOME:** Enter the amount of line 3 minus line 4. Enter this amount on page 1, line 6.

## PARTNERSHIP, TRUST, OR ESTATE INCOME

- **WHEN THE PAYER FILES ITS OWN NH INTEREST AND DIVIDENDS TAX RETURN:**

Income from this payer is not taxable to you. The amount of interest and dividend income, if any, which is included in lines 1(a) and 1(b) and which shows on your IRS K-1 Form is not taxable to NH and should be deducted on line 4. Also enter on line 4 the amount, if any, that you listed on line 2.

- **ENTITIES WITHOUT TRANSFERABLE SHARES:**

Income from this payer is taxable to you as if it came from its original source. Enter on line 4 the amount, if any, that you listed on line 2. NOTE: if you did not actually or constructively receive from this payer the entire amount of interest and dividend income which is shown on your IRS K-1 Form, make a prorated adjustment under line 4.

- **ENTITIES WITH TRANSFERABLE SHARES:**

Income from this payer is taxable to you. The entire amount you received or constructively received is subject to tax and should be listed on line 2. The amount of interest and dividend income, if any, which is included in lines 1(a) and 1(b) and which shows on on your IRS K-1 Form is not taxable to NH and should be deducted on line 4.

(Transferable shares means that you can freely transfer yours shares without causing a dissolution of the organization or without obtaining prior member approval.)

Documentation supporting all amounts listed must be available upon request.

## “S” CORPORATION INCOME

Distributions from S Corporations are taxable to you. The entire amount you received or constructively received from the “S” corporation is subject to tax and should be listed on line 2. The amount of interest and dividend income, if any, which is included in lines 1(a) and 1(b) and which shows on your IRS K-1 Form is not taxable to NH and should be deducted on line 4.

## INSTRUCTIONS FOR COMPLETING A PARTNERSHIP, ASSOCIATION, OR FIDUCIARY RETURN

**WHO MUST FILE:** Partnerships and fiduciaries must file their own Interest and Dividends tax return when **all** of the following apply:

1. The entity has over \$2,400 of gross interest and dividend income.
2. The partnership has a usual place of business in New Hampshire, or in the case of a trust: the location of the trust property is in this state, or at least one of the trustees is an inhabitant of New Hampshire, or the trustee was appointed by a New Hampshire court.
3. The partnership has at least one New Hampshire owner, AND
4. The entity has non-transferable shares (see Rev 901.02 or 901.03).

Any organization whose shares or interests are transferable without obtaining prior member approval or causing a dissolution of the organization such as, but not limited to: a business trust, common law trust, Massachusetts trust, real estate investment trust, homeowners or condominium associations and employee benefit plans, SHALL NOT FILE AN INTEREST & DIVIDENDS TAX RETURN.

**WHAT TO REPORT:** Report all interest and dividends income received from whatever source on page 2, lines 1(a), 1(b), and 1(c). Enter on line 4 the amounts nontaxable to New Hampshire. See the QUICK CHECKLIST for a listing of taxable and non-taxable income sources.

**GRANTOR TRUSTS:** The income received by estates held by trustees which are treated as grantor trusts under IRS, Section 671 is included in the return of their owners.

**NON-NEW HAMPSHIRE MEMBERS, BENEFICIARIES OR OWNERS:** Partnership or trust interest and dividend income is subject to this tax only to the extent that the members/beneficiaries are residents of this state or are unascertained. All interest and dividend income must be shown on lines 1(a), 1(b), and 1(c). Enter on line 4 the pro-rata share attributable to non-NH resident owners/beneficiaries. Indicate on the return on page 1, step 2 the percentage of ownership attributable to New Hampshire members or beneficiaries.

**EXEMPTIONS:** The entity is entitled to one \$2,400 exemption.

**CHARITABLE CONTRIBUTIONS:** The portion of a trust's income required to be donated to an exempt charity is not taxable.

# QUICK CHECKLIST

## Taxable to New Hampshire

## Not Taxable to New Hampshire

### — INTEREST —

● **ALL BANKS, CREDIT UNIONS, SAVINGS BANKS, BUILDING & LOAN ASSOCIATIONS, TRUST COMPANIES, INCLUDING THOSE IN NEW HAMPSHIRE AND VERMONT**

- Bonds, notes and money at interest and from all debts due the person being taxed unless specifically exempt
- Life insurance interest
- Private mortgages and loans
- Repurchase agreements
- Municipal bonds, EXCEPT New Hampshire
- Deemed interest
- Indirect obligations of the US Government including: Federal National Mortgage Association (FNMA), Government National Mortgage Association (GNMA), Federal Home Loan Mortgage Corporation, and Farmers Home Administration
- Annuities (except as part of an employee benefit plan as defined in ERISA of 1974 sec. 3, or the principal portion of life insurance proceeds.)
- Annual calculated interest from zero coupon bonds
- OID interest as shown on your 1099
- Interest paid by the IRS

- New Hampshire State and New Hampshire Municipal bonds
- Individual Retirement Accounts
- Keogh Plans
- Tax Deferred Investment Plans
- Employee Benefit Plans as defined by ERISA of 1974, sec. 3
- Specifically exempted Puerto Rico, Guam & Virgin Islands bonds
- Direct obligations of the US Government including: Treasury Bills, US Savings Bonds, Treasury Bonds, Federal Home Loan Banks, US Postal Securities, Small Business Administration, Tennessee Valley Authority, Farm Credit System, Federal Financing Bank, General Services Administration, Student Loan Marketing Association (SLMA), and Resolution Funding Corporation
- New Hampshire Housing Authority Bonds, Industrial Development Authority, New Hampshire Higher Education and Health Facilities Authority, Firemen's Retirement, New Hampshire Retirement System, State Retirement Allowance
- Interest received from funds invested in the college tuition savings plan under RSA 195-H

### — DIVIDENDS —

● **BANKS AND BANK HOLDING COMPANIES**

- All dividends unless specifically exempt by law
- Corporations (including NH Corporations)
- Mutual funds EXCEPT portion generated from direct obligations of the US Government or from capital gains
- Automatic reinvestments
- Income from partnerships, associations, or trusts (see instructions for exceptions)
- Actual distributions from S Corporations (see instructions)
- Fair market value of distributed property by a business organization
- Forgiveness of debt by an organization
- Personal expenditures made by an organization for an individual and the fair market value of any property transferred
- World Bank
- Deemed dividends

- Capital gains, or any portion of the dividend that represents capital gain
- Return of capital, or any portion of the dividend that represents return of capital
- Stock dividends paid in new stock (not automatic reinvestment of mutual funds)
- Liquidating dividends
- Individual Retirement Accounts
- Keogh Plans
- Tax deferred investment plans
- Sale or exchange of transferable shares
- 1099 PATR (Patronage Dividends)
- Mutual funds which invest solely in New Hampshire tax-exempt instruments
- Dividends received from funds invested in the college tuition savings plan under RSA 195-H

## FORM

DP-10

041

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
INTEREST AND DIVIDENDS TAX RETURN 1997For the CALENDAR year **1997** or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

Due Date for CALENDAR year is on or before April 15, 1998 or the 15th day of the 4th month after the close of the fiscal period.

**STEP 1**  
Please Print  
or Type

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	
NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
NUMBER AND STREET ADDRESS		
		FEDERAL IDENTIFICATION NUMBER (Partnership or Fiduciary)
CITY OR TOWN, STATE AND ZIP CODE		

**STEP 2**  
Entity Type  
and Mailing  
Information
☐ ① INDIVIDUAL    ☐ ① JOINT    ☐ ③ PARTNERSHIP    ☐ ④ FIDUCIARY \_\_\_\_\_ % of NH Ownership

☐ Check here if you would like your forms or label mailed to an address other than the above. (See instructions)

Number and Street Address	City/Town	State	Zip
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**STEP 3**  
Special  
Return Type

☐ INITIAL RETURN: Date established residency ..... Mo Day Year

☐ FINAL RETURN: Date abandoned residency ..... Mo Day Year

☐ FINAL RETURN: Deceased taxpayer: Social Security # \_\_\_\_\_ Date of death ..... Mo Day Year

☐ AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM DP-87 A.

**STEP 4****COMPLETE PAGE 2 BEFORE COMPUTING TAX****STEP 5**  
Figure Your  
Net Taxable  
Income

6 Gross Taxable Income (Page 2, line 5) .....	6		
7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint .....	7		
8 Adjusted Taxable Income (Line 6 less line 7) .....	8		

**FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN** ☐

9 Check the exemptions that apply    ☐ Blind    ☐ Spouse Blind  
☐ 65 (or over) \_\_\_\_\_ Year of Birth    or disabled    ☐ Spouse 65 (or over) \_\_\_\_\_ Year of Birth    or disabled

Total number of boxes checked \_\_\_\_\_ x \$1,200= \_\_\_\_\_ 9

10 **Net Taxable Income** (Line 8 less line 9) ..... 10

**STEP 6**  
Figure Your  
Tax, Credits,  
Interest and  
Penalties

11 <b>New Hampshire Interest and Dividends Tax</b> (Line 10 x 5%) .....	11		
12 Payments: (a) Tax paid with Application for Extension .....	12(a)		
(b) Payment from 1997 Declaration of Estimated Tax ...	12(b)		
(c) Credit carryover from prior years .....	12(c)		
(d) Paid with original return (Amended returns only).....	12(d)		
13 <b>Balance of Tax Due</b> (Line 11 less line 12) .....	13		
14 Additions to Tax: (a) Interest (See instructions) .....	14(a)		
(b) Failure to Pay (See instructions) .....	14(b)		
(c) Failure to File (See instructions) .....	14(c)		
(d) Underpayment of Estimated Tax (See instructions) .....	14(d)		

**STEP 7**  
Balance  
Due or  
Overpayment

15 **Total Balance Due** (Line 13 plus line 14) Make check payable to: State of New Hampshire. Enclose, but do not staple or tape, your payment with this return. 15

16 **OVERPAYMENT** (Line 12 less line 11 adjusted by line 14, if applicable) 16

17 Amount of line 16 to be applied to: (a) Your 1998 tax liability ..... 17(a)

(b) **Refund** - Please allow 12 weeks for processing..... 17(b)

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.  
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature

Date

Signature of Paid Preparer Other Than Taxpayer

If joint return, **BOTH** husband and wife must sign, even if only one had income. Date

Preparer's Identification Number Date

**MAIL TO:**

NH DEPT REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 2072  
CONCORD, NH 03302-2072

Preparer's Address

City or Town, State, and Zip Code

DP-10



REPORT OF INTEREST AND DIVIDENDS INCOME  
TAX YEAR 1997

**1 From Your Federal Income Tax Return:**(a) Interest Income. For individual and joint filers enter the amount of line 8(a) of IRS Form 1040...1(a)  
Other filers, see instructions.

(b) Dividend Income. See Instructions.....1(b)

(c) Federal Tax Exempt Interest Income .....1(c)

**2 List Distributions From S-Corporations, Partnerships, and Fiduciaries:**

Entity codes: 2="S" or other Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other

(A) ENTITY CODE	(B) NAME OF PAYER	(C) PAYER'S IDENTIFICATION NUMBER	(D) DISTRIBUTION AMOUNT	
Total from supplemental schedule attached				

**2 Total Distributions**.....2**3 Subtotal Sum of lines 1(a), 1(b), 1(c) and 2**.....3**4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on lines 1(a), 1(b), 1(c), and/or 2.**

(A) NAME OF PAYER	(B) REASON NON-TAXABLE	(C) PAYER'S IDENTIFICATION NUMBER	(D) NON-TAXABLE AMOUNT	
Total from supplemental schedule attached				

**4 Total Non-Taxable Amount**.....4**5 Gross Taxable Income** (Line 3 minus line 4) ENTER THIS AMOUNT ON PAGE 1, LINE 6.....5

# INTEREST AND DIVIDENDS TAX

## 1998 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State.....1 \_\_\_\_\_
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself    ☐ Spouse    ☐ Partnership    ☐ Fiduciary    Total number of boxes checked \_\_\_\_\_ x \$2400 =2(a) \_\_\_\_\_
- 2(b) ☐ 65 (or over) or disabled    ☐ Blind    } Total number of boxes checked \_\_\_\_\_ x \$1200 =2(b) \_\_\_\_\_
- ☐ Spouse 65 (or over) or disabled    ☐ Spouse Blind
- 2 (c) Total exemptions [Line 2(a) plus 2(b)].....2(c) \_\_\_\_\_
- 3 New Hampshire Taxable Income [Line 1 less line 2(c)].....3 \_\_\_\_\_
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%).....4 \_\_\_\_\_
- 5 1997 OVERPAYMENT applied to 1998 taxes..... 5 \_\_\_\_\_
- (If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 less line 5).....6 \_\_\_\_\_

If less than \$200  
see instructions  
paragraph No. 1.

### COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of line 4 of worksheet)	1997 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.....	\$ .....	\$ .....	\$ .....	April 15, 1998
2.....	\$ .....	\$ .....	\$ .....	June 15, 1998
3.....	\$ .....	\$ .....	\$ .....	Sept. 15, 1998
4.....	\$ .....	\$ .....	\$ .....	Jan. 15, 1999

## IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM  
IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIRE-  
MENTS HAVE NOT BEEN MET.

(Cut along this line)

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

### ESTIMATED INTEREST AND DIVIDENDS TAX 1998

#### Payment Voucher 4

Calendar Year — Due Jan. 15, 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

☐ PARTNERSHIP

☐ FIDUCIARY

For CALENDAR YEAR **1998** or other tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

Mo Day Year Mo Day Year

FOR OFFICE USE  
ONLY

P R I N T  O R  T Y P E	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET		_____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL IDENTIFICATION NUMBER (PARTNERSHIP & FIDUCIARY)
			_____
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM 1997 RETURN.			<b>Amount of This Payment \$</b> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
MAIL TO: <b>NH DEPT REVENUE ADMINISTRATION</b> <b>Document Processing Division</b> <b>PO Box 2035</b> <b>Concord, NH 03302-2035</b>			<b>Make check payable to: STATE OF NEW HAMPSHIRE</b> <b>Enclose, but do not staple or tape, your payment</b> <b>with this estimate.</b> <b>Do not file a \$0 estimate.</b>

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## ESTIMATED INTEREST AND DIVIDENDS TAX 1998

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

## Payment Voucher 3

Calendar Year — Due Sept. 15, 1998

For CALENDAR year 1998 or other tax year beginning

Mo Day Year ending Mo Day Year

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FIRST NAME &amp; INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME &amp; INITIAL

— — — — —

NAME OF PARTNERSHIP OR FIDUCIARY

SPOUSE'S SOCIAL SECURITY NUMBER

— — — — —

NUMBER AND STREET

FEDERAL IDENTIFICATION NUMBER (PARTNERSHIP &amp; FIDUCIARY)

— — — — —

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment \$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1997 RETURN.

MAIL NH DEPT REVENUE ADMINISTRATION  
TO: Document Processing Division  
PO Box 2035  
Concord, NH 03302-2035

Make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose, but do not staple or tape, your  
payment with this estimate.  
Do not file a \$0 estimate.

(Cut along this line)

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## ESTIMATED INTEREST AND DIVIDENDS TAX 1998

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

## Payment Voucher 2

Calendar Year — Due June. 15, 1998

For CALENDAR YEAR 1998 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME &amp; INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME &amp; INITIAL

— — — — —

NAME OF PARTNERSHIP OR FIDUCIARY

SPOUSE'S SOCIAL SECURITY NUMBER

— — — — —

NUMBER AND STREET

FEDERAL IDENTIFICATION NUMBER (PARTNERSHIP &amp; FIDUCIARY)

— — — — —

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment \$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1997 RETURN.

MAIL NH DEPT REVENUE ADMINISTRATION  
TO: Document Processing Division  
PO Box 2035  
Concord, NH 03302-2035

Make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose, but do not staple or tape, your payment  
with this estimate.  
Do not file a \$0 estimate.

(Cut along this line)

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## ESTIMATED INTEREST AND DIVIDENDS TAX 1998

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

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## Payment Voucher 1

Calendar Year — Due April. 15, 1998

For CALENDAR year 1998 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME &amp; INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME &amp; INITIAL

— — — — —

NAME OF PARTNERSHIP OR FIDUCIARY

SPOUSE'S SOCIAL SECURITY NUMBER

— — — — —

NUMBER AND STREET

FEDERAL IDENTIFICATION NUMBER (PARTNERSHIP &amp; FIDUCIARY)

— — — — —

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment \$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1997 RETURN.

MAIL NH DEPT REVENUE ADMINISTRATION  
TO: Document Processing Division  
PO Box 2035  
Concord, NH 03302-2035

Make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose, but do not staple or tape, your  
payment with this estimate.  
Do not file a \$0 estimate.